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TO: Assistant Commissioner of Patents

FAX NO.: 703-872-9314

FROM: EAMON J. WALL

DATE: 7/31/02

MATTER: Serial No. 09/458,321 **Filed:** 12/10/99

DOCKET NO.: DIVA/040

APPLICANT: Yong Ho Son et al.

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

☐ Petition
☐ Disclosure Statement & PTO-1449
☐ Priority Document
☐ Drawings (____ sheets) informal
☒ Amendment

☐ Transmittal Letter (2 copies)
☒ Fee Transmittal (2 copies)
☐ Deposit Account Transaction
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/458,321
	Filing Date	12/10/99
	First Named Inventor	SON
	Group Art Unit	2611
	Examiner Name	Srivastava, V.
Total Number of Pages in This Submission	Attorney Docket Number	DIVA/040

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		The Commissioner is authorized to charge any underpayment or credit any overpayment of fees (including but not limited to any extension fees pursuant to 1.136(a)) to Applicants' attorneys' Deposit Account No. 20-0782. A duplicate copy of this transmittal is attached.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eamon J. Wall, Reg. No. 39,414
Signature	<i>E J Wall</i>
Date	<i>7/31/02</i>

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